


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 13 PM 3:44

DOCUMENT # P04000125044		
1. Entity Name AMERICAS HOME IMPROVMENTS INC.		

Principal Place of Business 4190 MANDRIN COURT KISSIMMEE, FL 34746 US	Mailing Address 4190 MANDRIN COURT KISSIMMEE, FL 34746 US
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2. Principal Place of Business 4190 MANDRIN CT Suite, Apt. #, etc.	3. Mailing Address 4190 mandrin ct Suite, Apt. #, etc.
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City & State Kissimmee FL	City & State Kissimmee FL
Zip FL	Zip 34746
Country USA	Country USA



02242006 REIN-P CR2E098 (11/05)

4. FEI Number 20-1562759		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOLINA, ROSA - 4190 MANDRIN COURT KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent N/A
Name		Street Address (P.O. Box Number is Not Acceptable)
City		Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rosa Molina Rosa Molina 04/10/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOLINA, ROSA 4190 MANDRIN COURT KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000070960680 04/19/06--01034--017 **300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa Molina Rosa Molina 04/10/06 407 5382746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #